

CERTIFICATE OF NEED
FOR INVOLUNTARY COMMITMENT UNDER TITLE 33, CHAPTER 6, PART 5,
TENNESSEE CODE ANNOTATED

I, _____, of the County of _____,

State of Tennessee, **certify** that I personally examined _____ on
NAME OF PERSON EXAMINED

_____, 2_____.
DATE

(Check One of the Following)

I am a licensed:

☐ physician, or

☐ psychologist designated as a health service provider.

If this certificate concerns a child under eighteen (18) years of age and is executed for the purpose of judicial commitment under Tenn. Code Ann. §33-6-502, I certify that I have professional experience with children.

In my professional opinion, based on my examination and the information provided, I **certify** that this person is subject to involuntary care and treatment under Tenn. Code Ann. §33-6-502 because the person:

1. has mental illness or serious emotional disturbance, **as shown by the following facts and reasoning:**

2. **AND**, poses a substantial likelihood of serious harm because of the mental illness or serious emotional disturbance, **as shown by the following facts and reasoning:**

3. **AND**, needs care, training, or treatment because of the mental illness or serious emotional disturbance, **as shown by the following facts and reasoning:**

4. **AND**, all available less drastic alternatives to placement in a hospital or treatment resource are unsuitable to meet the needs of the person, **as shown by the following facts and reasoning:**

I understand that a person “poses a substantial likelihood of serious harm” IF AND ONLY IF:

1. A. The person has threatened or attempted suicide or to inflict serious bodily harm on such person, or
B. The person has threatened or attempted homicide or other violent behavior, or
C. The person has placed others in reasonable fear of violent behavior and serious physical harm to them, or
D. The person is unable to avoid severe impairment or injury from specific risks,
AND
2. There is a substantial likelihood that such harm will occur unless the person is placed under involuntary treatment.

SIGNATURE OF

EXAMINING PROFESSIONAL _____ DATE _____ *

Phone Number _____

* The date of execution of this certificate must be within three days of the examination.

Sworn to and subscribed before me this

_____ day of _____, 2____.

Notary Public

My commission expires: _____